SICK & ILLNESS ACKNOWELDGEMENT & AGREEMENT FORM

Child's Name:

Date: / /
(DD/MM/YYYY)

Parent/Guardian Full Name:

SICK & ILLNESS POLICY ACKNOWLEDGMENT

I acknowledge that I have received, read, and understand the Little Sprouts Parent Handbook, including the Illness Policy.

I understand the expectations regarding keeping sick children home, illness symptoms that require exclusion, return-to-care guidelines, and my responsibility to promptly pick up my child if they become ill while in care.

I agree to follow all illness-related policies as outlined in the handbook to help maintain a healthy environment for all children and staff.

By signing below, I confirm my understanding and acceptance of the Sick & Illness Policy

Child's Name:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____